

Public Protection Cabinet  
Department of Insurance  
Attn: DJ Wasson  
215 West Main Street  
P.O. Box 517  
Frankfort, KY 40602-0517

## **REQUEST FOR NOTIFICATION OF ADMINISTRATIVE REGULATION**

Please list the subject matter(s) or check each division for which you wish to receive a copy of the Administrative Regulation and all attachments required by KRS 13A.230:

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<input type="checkbox"/> Agent Licensing	<input type="checkbox"/> Consumer Protection
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Property & Casualty
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Insurance Fraud
<input type="checkbox"/> Financial Standards & Examination	<input type="checkbox"/> Municipal Taxes

Name: \_\_\_\_\_  
(Please print using all capital letters)

Association, Organization, or Company if applicable: \_\_\_\_\_

Address: \_\_\_\_\_  
(Please print using all capital letters)

\_\_\_\_\_  
(Please print using all capital letters)

\_\_\_\_\_  
(Please print using all Capital letters)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

OPTIONAL: I wish to waive the requirement that I receive a paper copy of these administrative regulations through the United States Postal Service. Instead, please email them to me at this email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE MAIL THIS FORM TO THE ADDRESS LISTED ABOVE